OIPE								
JUL 2 7 2005 N	*	7.		Complete if Known				
FEE RANSMITTAL			Appligatio	n Number		0/829,269		
	Filing Dat	Filing Date April		9, 2001				
FEE RANSIVII I AL For FY 2005				First Named Inventor Albert J. Sturm		rt J. Sturm Jr.		
			Examiner	Name	M. C	). Jimenez		
☑ Applicant claims s	Art Unit	3726						
TOTAL AMOUNT O	F PAYMENT	(\$) 535		Docket Number	P19.	12-0036		
METHOD OF PAYMENT (Check all that apply)								
□ Check ☒ Credit Card □ Money Order □ None □ Other (Please Identify): □ Deposit Account - Deposit Account Number: 23-1123 □ Deposit Account Name: Westman, Champlin and Kelly  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee ☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  under 37 CFR 1.16 and 1.17  Warning: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES  Small En  Fee (\$) Fee (\$	tity Sma	I FEES all Entity Fee (\$)	EXAMINATI S Fee (\$)	ON FEES Small Entity Fee (\$)			
Utility Design Plant Reissue	300 150 200 100 200 100 300 150	100 300 500	250 50 150 250	200 130 160 600	100 65 80 300	<u>Fe</u> t	es Paid (\$)	
Provisional  2. EXCESS CLAIM Fee Description	200 100 FEES	0	0	0	0	Fee	Small Entity (\$) Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							<u>του (Ψ)</u> 25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							100	
Multiple dependent claims							180	
Total Claims	Ext	tra Claims Fe	e (\$)	Fee Paid (\$)		Mu	Iltiple Dependent Claims	
<b>21</b> HP = highest number of to	- 20 or HP =		25 =	25		<u>Fee</u> 18		
Indep. Claims	· · · · · · · · · · · · · · · · · · ·		e (\$)	Fee Paid (\$)				
2	- 3 or HP =		100 =	0				
HP = highest number of independent claims paid for, if greater than 3								
<ol> <li>APPLICATION SIZE FEE</li> <li>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</li> </ol>								
Total Sheets	Extra She			onal 50 or fract		· . —	Fee Paid (\$)	
0	- 100 = <b>0</b>	/ 50 =	0 (round	d up to a whole	number) x	<u>125</u>	= 0	
4. OTHER FEE(S)  Fee(s) Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other: 3-month extension of time fee 510.00								
SUBMITTED BY								
Signature	1	Ton		Registration (Attorney/		36,188	Telephone: 612-334-3222	
Name (Print/Type)	Steven M. Kneh	ler					Date: 7/25///	